

IDAHO COUNCIL ON CHILDREN'S MENTAL HEALTH



COMMUNITY REPORT CARD

DECEMBER 2002

ICCMH Community Report Card Publicly Funded Mental Health Services for Children in Idaho

This first annual Community Report Card will provide an overview of children's mental health services provided through the Department of Health and Welfare, Department of Juvenile Corrections, and the State Department of Education. The services provided are targeted toward children with a serious emotional disturbance and their families. The ultimate goal of the services is to provide the child and family with the services and supports necessary to maximize the family's ability to provide care for their child at home.

According to the 2000 census, there are approximately 369,000 people under age 18 in Idaho. National standards for estimating the number of children with serious emotional disturbance is between 5-9%. Using 5% as an estimate, there are approximately 18,452 children with a serious emotional disturbance in Idaho. Not all of these children will need to access publicly funded mental health services. A prior needs assessment on Idaho's mental health system for children estimated that 40% of those children or 7,381 will need to access publicly funded mental health services during the year.

Department of Health and Welfare ¹

The Department of Health and Welfare provides services to children with serious emotional disturbance and their families through voluntary agreements with the parents. Children must meet the Department's definition of serious emotional disturbance which means a diagnosed emotional disorder and a substantial impairment of functioning in major life activities. (See appendix A for the complete definition.)

During state fiscal year 2002, July 1, 2001 to June 30, 2002, the following children's mental health services were provided to children and families by the Department of Health and Welfare:

Referrals for Mental Health Services – 4,273 families contacted Children and Family Services concerning mental health services for their child. Families that did not qualify for or utilize Department services were referred to private providers or other community resources.

Assessments – 1,802 children received comprehensive mental health assessments. A comprehensive assessment is defined as the use of the clinical interview, psychometric tools as needed, community, and family as well as other pertinent information to address safety issues, family's /child's concerns, strengths, and natural supports to determine the child's mental health service needs and identification of resources to meet those needs. Additionally, the Department provides suicide risk assessments and mental status exams. A total of 3,766 comprehensive assessments, suicide assessments or mental status exams were conducted during the year.

¹ The information for Health and Welfare was derived from the Children and Family Services information system – FOCUS and the Medicaid information system. Personnel costs are not included.

Case Management – Department of Health and Welfare staff provided case management to 2,282 children and their families. Case management is defined as a process for linking and coordinating segments of a service delivery system to develop a comprehensive plan for meeting an individual's need for care.

Therapeutic Foster Care – 42 children were placed in therapeutic foster homes at a cost of \$216,510. This cost reflects the amount paid for therapeutic care and does not include the basic foster care rate, clothing or incidentals. Therapeutic foster care is the temporary care of a child in a licensed foster home that is trained and supported to provide therapeutic 24 hour care for the child. The inclusion of the child's parents in the care and planning is an essential component of therapeutic foster care.

Day Treatment – 1,059 children accessed Department funded day treatment. There were 28 contracts or agreements with school districts at an approximate cost of \$1.8 million. Day treatment is a collaborative effort between the Department of Health and Welfare and local school districts to establish structured intensive treatment in a school or other educational setting aimed primarily at emotional and behavioral interventions resulting in decreased psychiatric symptoms and increased levels of functioning. It may include a range of services such as companions or tutors to an intensive, self contained classroom setting.

Family Support Services – 149 families accessed family support services at a total cost of \$222,791. Family support services are best described as assistance provided to families to manage the extra stresses that accompany caring for a child with mental health needs. The main goal of family support services is to strengthen adults in their roles as parents through the provision of resources for transportation, family preservation services, emergency assistance funds, training, education, or other similar services. The Department had a contract for family support and advocacy services in the amount of \$131,297.

Inpatient Hospital Care - 888 children were placed in hospitals for psychiatric care at a total cost of \$6,716,839. The costs of this service are both Department contracted care and Medicaid paid hospital care. Inpatient care is defined as services provided within the context of a psychiatric hospital setting. This level of care provides a high level of psychiatric and medical care and is utilized in times of potentially dangerous or high risk situations.

Outpatient Care – 9,085 children accessed outpatient care a cost of \$18,651,865. Outpatient care is treatment that a child receives in a clinic or community setting designed to decrease distress, psychological symptoms, and maladaptive behavior or to improve adaptive and pro-social functioning. Outpatient care is funded by contracts and Medicaid and includes clinic services, psychosocial rehabilitation services and medication management.

Residential Care – 120 children accessed residential care through the children’s mental health program. The total cost of care was \$1,432,306. The child welfare program served an additional 157 children at a total cost of nearly \$1.7 million. Thirty two children in the child welfare program received partial funding from the children’s mental health program at a cost of \$127,186. These costs are for the actual service and do not include additional costs for clothing, transportation, and other incidentals. The children stayed an average of 91 days. Residential care is defined as group homes and treatment facilities that provide 24 hour care for children in a licensed, highly structured setting, delivering comprehensive therapeutic interventions.

Respite Care – 53 children accessed respite care at a cost of \$21,825. Respite services consist of time limited family support services in which an alternate care provider provides supervision and care for a child with mental health needs, either within the family home, residential or group home, or within a licensed foster home.

CAFAS Scores of Children Served – The Child and Adolescent Functional Assessment Scale (CAFAS) is a standardized nationally recognized instrument that measures a child’s functioning in a variety of life domains. The CAFAS is also used to measure a child’s improvement in functioning over time. A decrease in score means an increase in functioning. The range of scores is 0-240. Children at entry into Department services had an average score on the CAFAS of 107. Children at discharge from Department services had an average score of 62.

Family Satisfaction Surveys – Families receiving children’s mental health services from the Department are provided an opportunity every 120 days to anonymously report their impressions of the services provided. A survey was developed that asks 19 questions regarding access, appropriateness, and effectiveness of services received and parental involvement. Results of the surveys indicate that 93.1% rate access to services positively, 97.3% rate appropriateness of services positively, 97.2% rate effectiveness positively, and 93.8% rate parental involvement positively.

The above service areas will be reported in future years. This will allow for annual comparisons on the use of these services.

Department of Juvenile Corrections

The Idaho Department of Juvenile Corrections serves youth committed to it under the Juvenile Corrections Act, for the care, control and competency development of adjudicated juvenile offenders. The Idaho Department of Juvenile Corrections has a legal mandate to provide reasonable medical care, including mental health care, to all juveniles in its custody who have those needs. The Idaho Department of Juvenile Corrections is further identifying juveniles in custody who meet the Department of Health & Welfare’s definition of having a serious emotional disturbance. Juveniles with serious emotional disturbances constitute only a portion of those in custody who need mental health care,

but they are the most seriously ill and most likely to need community-based services upon their return home.

The Idaho Department of Juvenile Corrections is now tracking the following indicators to better identify the juveniles in state's custody who are defined as seriously emotionally disturbed (SED).

Number of youth committed as of August 19, 2002 was 421.

Number of youth identified as SED on August 19, 2002, using the same definition as the Department of Health and Welfare, was 114.

Average CAFAS score upon initial assessment was 129. The CAFAS was done by either DHW or DJC trained clinicians.

The following information reflects the number of cases in which a juvenile with SED was involved with other agencies.

29 youth received a comprehensive assessment by DHW either prior to or at the time of commitment to DJC.

10 youth were staffed by a local council in an effort to provide a comprehensive community based plan. Local councils were established in September of 2002. Prior to that there were three demonstration sites that functioned similarly to local councils.

20 youth were determined eligible for public mental health services after discharge from DJC custody. DJC District III and DHW Region III developed a protocol for accepting the initial CAFAS score for youth committed to DJC. This protocol is necessary because youth receiving services from DJC will have an improved CAFAS score upon discharge, thus making them ineligible for DHW funded services. This protocol is being considered for implementation statewide and will result in more youth being eligible upon discharge.

State Department of Education

The State Department of Education, through local school districts, ensures that eligible students, age 3-21, are provided with an appropriate and individualized education under the Individuals with Disabilities Education Act (IDEA). Students must meet the eligibility requirements for a student with an emotional disturbance under the IDEA.

Data from the December, 2001 Child Count:

Students identified as ED: 935 students, 3.21% of the total special education population. This is an increase from 2.59% in 1999-2000.

Students with ED who have been suspended or expelled: This data was not disaggregated by disability category last year.

Services provided to students with ED through an IEP:

- number of children receiving school psychological services: 77
- number of children receiving school social work services: 103
- number of children receiving services from a licensed psychologist or psychiatrist: 53
- number of students receiving school counseling services: 237
- number of students receiving one-one aide in a mainstream school environment: 51
- number of students receiving intensive behavior intervention: 105
- number of students receiving one-to-one aide in self-contained program: 23
- number of students receiving psycho-social rehabilitation: 33
- number of students receiving emotional/behavioral interventions: 34
- number of students/teams provided ongoing consultation through Positive Behavioral Supports Project: 80

Prevention or interventions for emotional or behavioral concerns:

Training sponsored by Idaho Department of Education, HIV/AIDS program:

- Empowering Students to Set Limits: A Refusal Skill Training
- Teaching About Mental and Emotional Health: Strategies for the Classroom.
- Get the Facts: A Workshop about HIV and AIDS
- Teaching About HIV/AIDS: Strategies for the Classroom.

Training sponsored by the Idaho Department of Education, Safe and Drug Free Schools:

- Student Assistance Teams
- Bullies and Victims
- Crisis Response Group Facilitator training
- Building Respectful Schools and Classrooms
- Building Rapport with High Risk Youth
- Aggression Replacement Training

ICCMH

The Idaho Council on Children's Mental Health was formed on February 28, 2001. One of the major goals of the first year of operations was spent on refining and developing the policies, guidelines and procedures for the formation of regional and local councils. These councils bring together local child serving agencies to coordinate care for children with serious emotional disturbance and their families. Families play two major roles in the local councils 1) as valued members of the councils and participating in case staffings, and 2) the individual families are an integral participant in treatment planning

for their child's needs. There were 7 regional councils and 25 local councils established as of September 1, 2002.

The regional councils oversee and coordinate the local councils and report to the ICCMH. The local councils work directly with families and children. The local councils will also be analyzing local needs and tracking outcomes for families served by the councils. It is anticipated that next year local councils will contribute, through their regional councils, information to the Community Report Card on numbers served and service needs in the local area.

Appendix A

Definition of Serious Emotional Disturbance

To be eligible for Department of Health and Welfare children's mental health services on an ongoing basis, a child or adolescent must have a serious emotional disturbance characterized by a DSM-IV diagnosis as described below and a functional impairment as described below. A standard clinical assessment will be used to gather and document the information needed to determine if a child has a serious emotional disturbance.

DSM-IV Diagnosis:

An Axis I clinical disorder is required. A substance abuse disorder, conduct disorder, or developmental disorder alone does not by itself constitute a serious emotional disturbance, although one or more of these disorders may co-exist with a serious emotional disturbance. Co-existing conditions require a joint planning process that crosses programs and settings. V Codes are not considered an Axis I disorder for purposes of this definition.

Functional Impairment:

The Child Adolescent Functional Assessment Scale (CAFAS) will be used to determine the degree of functional impairment. The child/adolescent must have a full scale score (using all 8 subscales) of 80 or above with a "moderate" impairment in at least one of the following three scales:

- A. Self-Harmful Behavior
- B. Moods/Emotions
- C. Thinking